



Health Services
LOS ANGELES COUNTY

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April 10, 2009

TO: Each Supervisor

FROM: John F. Schunhoff, Ph.D.
Interim Director

SUBJECT: **STATUS REPORT ON KEY INDICATORS OF
PROGRESS, HOSPITAL OPERATIONS, AND OTHER
ISSUES RELATED TO THE TRANSITION TO THE
NEW LAC+USC MEDICAL CENTER – PROGRESS
REPORT #9 (Agenda Item #S-1, April 14, 2009)**

John F. Schunhoff, Ph.D.
Interim Director

Robert G. Splawn, M.D.
Interim Chief Medical Officer

313 N. Figueroa Street, Room 912
Los Angeles, CA 90012

Tel: (213) 240-8101
Fax: (213) 481-0503

This is to provide your Board with the bi-monthly report on the status of transitioning to the new LAC+USC Medical Center (LAC+USC). This report is not a full monthly report but an interim operational report with focus on emergency department (ED) and admission volumes as well as specialty services trending. Also incorporated herein is further detail and follow-up to the February 6, 2009 report specific to staffing of specialty services and adequacy of residency training programs based on census (questions posed by Supervisor Antonovich).

Census Trending (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of March 2009 was 572 out of 671 licensed beds, an estimated 83% utilization rate (85% occupancy). This is an increase from an ADC of 563 for February 2009. The census for Medical/Surgical units was an estimated 94% utilization rate (96% occupancy) for March 2009.

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Emergency Department and Admission Volume Trending

Attachment 1 demonstrates the trending of ED registration volumes, admissions from the ED, and total hospital admissions. For the month of March, the ED Volume (11% increase), ED Admissions (7% increase), and Total Admissions (7% increase) have all exceeded the February volumes. In the past four weeks, the ED has experienced two significant surges of patients presenting both by ambulance and walk-in. In both cases, patients boarding in the ED pending admission have exceeded sixty patients at one time (normally peaks at 20-30 range) during a 24-hour period. Actions taken during these surges include increased transfers to Rancho Los Amigo Rehabilitation Center and private hospitals as well as heightened patient flow activities within the facility, e.g., expediting discharges, rapid housekeeping bed turn over, etc.



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Hospital administration is in the final stages of revising and implementing the ED Surge Plan, a plan that predicts and measures the potential levels of ED overcrowding. Each level will define action steps necessary to mitigate increasing surge, such as those described above. The highest level will include temporarily admitting patients to inpatient hallways during peak levels of ED volume.

The cause of these surges is unknown although the hospital tends to have an increased ED volume during summer months. Harbor-UCLA and Olive View Medical Centers are also reporting increases in ED and clinic patients describing loss of medical insurance coverage due to job loss and the economic environment.

Urgent Access Diagnostic Center Expansion Plan Update

The expansion from 33 to 43 appointments directly from the ED, has been implemented. In addition, the UADC expansion of Saturday hours from eight to twelve hours begins this Saturday, April 11, 2009. This should also reduce ED surges and ED wait times for lower acuity patients.

Analysis of Patient Specialty Services

Attachment 2 shows the ADC trends for the specialty areas of OB/GYN, Pediatrics, ICU, Psychiatry, Jail and Burn. All specialty areas have demonstrated increases in census since the move into the Replacement Facility with the exception of Burn census; however, fluctuations up and down exist.

Adequate staffing for all specialty services is consistent with both census fluctuations and appropriate nurse-patient ratios, primarily by using County workforce, supplemented by registry personnel as needed. During periods of reduced census, registry personnel are minimized and staff is redeployed to areas of need elsewhere in the facility.

The Department, through the Director of the Office of Managed Care, is negotiating with health plans to admit or transfer patients to LAC+USC for higher level of care, such as, OB/GYN, pediatric, NICU, and burn patients where capacity exists. Pediatric transfers from Children's Hospital of Los Angeles (CHLA) have been reduced for this period due to a decreased census at CHLA, as reported by the Chief Executive Officer of CHLA.

Assessment of bed utilization is conducted daily to ensure appropriate and maximal inpatient bed utilization. On January 6, 2009 admissions to the Adolescent Unit were expanded to include eligible adults when vacancies exist to decompress the adult admissions waiting in the ED. This has effectively maximized the average daily census on this unit without impacting access or waiting times for adolescent patients.

Evaluating Resident Rotation in Specialty Training Programs

A question was posed as to whether medical residents are receiving necessary training experience as required by the Accreditation Council for Graduate Medical Education (ACGME) if there are census impacts.

Residency training experience has been assessed and analyzed based on multiple variables including, but not limited to, inpatient and outpatient encounters, didactic, and clinical activities and other measures depending on the unique specialty. Because of the recovery in census after the first month of the move, the census in specialty programs is adequate to meet residency training needs. The minimal variance in inpatient specialty service census over the first several months had no measurable negative impact on the stability of the residency training programs.

Initial evaluations by residents and the ACGME program appear positive for all residency training. In fact, resident interviews and recruitment activities have provided highly positive feedback from candidates as a result of the environment and technology improvements in the new Replacement Facility.

The Director of Graduate Medical Education in conjunction with the Graduate Medical Education Committee are planning intensive and comprehensive mid-cycle reviews for 17 resident training programs to evaluate and ensure quality resident training experiences. Additionally, an intensive survey of every resident training program is scheduled for May-June 2009 that includes evaluation of resident patient experience and the addition of procedure logs.

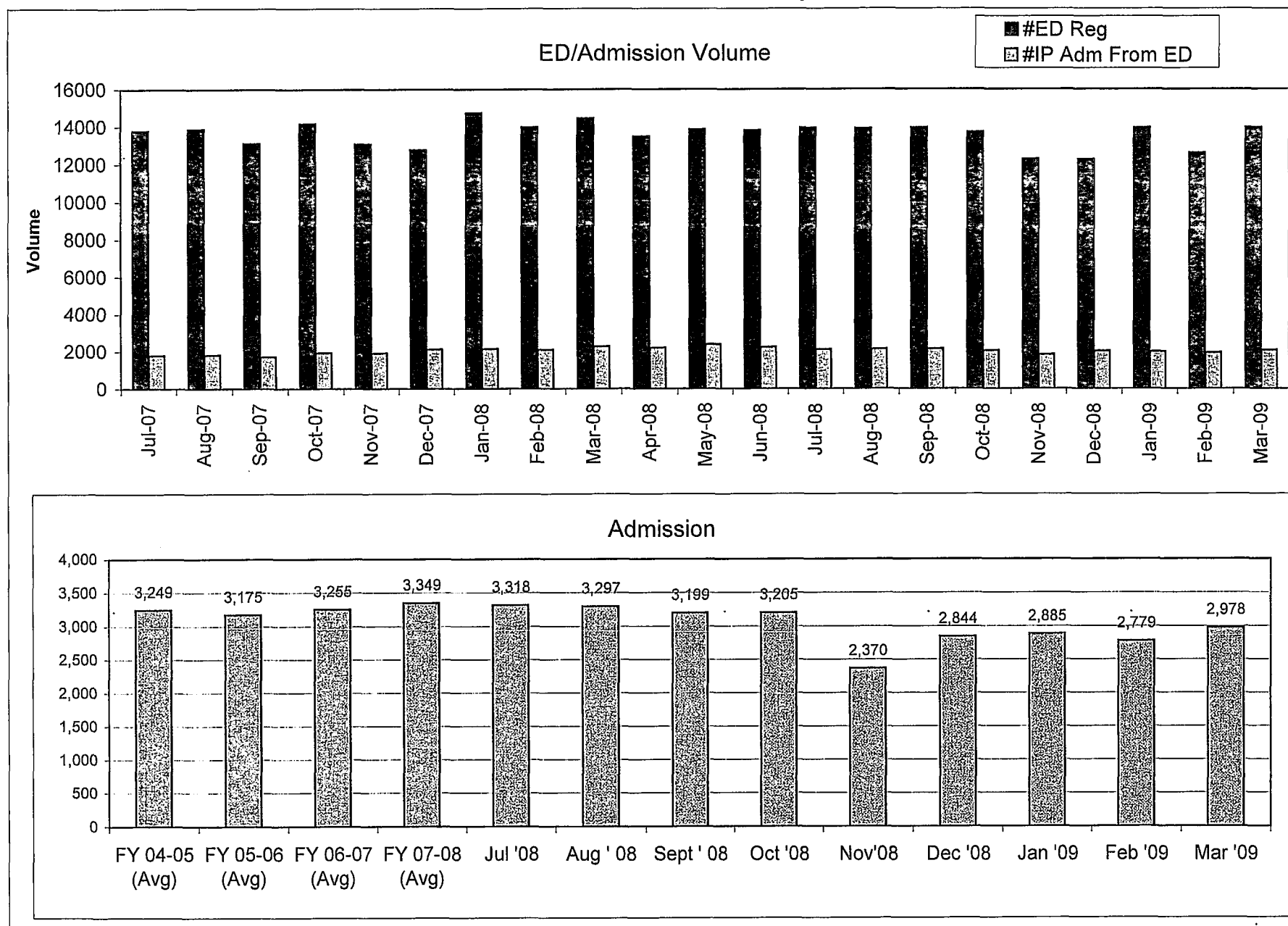
If you have any questions or need additional information, please contact me or Carol Meyer, Interim Chief Network Officer at (213) 240-8370.

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Attachments

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

LAC+USC Medical Center Workload Summary



LAC+USC Healthcare Network
Average Daily Census by Nursing Unit Subset, Jul-2008 to Mar-2009
based on Affinity Nursing Unit Statistical Reports

